

Application for the Responsible Vendor Program

Note: You must have a Spirits Retailer license to apply

Please complete this application and mail it with the required documents to:

Responsible Vendor Program/MAST WSLCB, P.O. Box 43098 Olympia, Washington 98504-3098

WSLCB contact information:

Agency website: www.liq.wa.gov Telephone: (360) 664-1727

Email: ks@liq.wa.gov

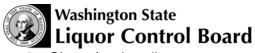
Liquor License Number

Please print below:

| Trade Name | | | | | |
|---|------------------|--------------------------|----------|------------|--------------------|
| Business Location Address | | | | | |
| Name of Contact Person/Title | / | | | | |
| Contact Email | | Phone Number | (|) | - |
| The Washington State Liquor certify you. You will; receive application. Please provide thapplication. | a letter stating | your certification after | review | and appr | oval of your |
| 1. House Policy: | | | | | |
| Enclose a copy of your Ho at your business, (2) how apparently intoxicated per premises. | to check ID an | nd (3) the consequenc | es for s | elling alc | ohol to a minor or |
| | | | | | |
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2. Signs (optional):

| forms of ID accepted a | | may create and post the following signs: (1) the gns informing employees and customers that ID y. |
|--|--|---|
| | | |
| 3. Employee training | materials: | |
| (1) recognizing minors(2) legal forms of identical(3) how to check ID ar(4) a requirement to check ID recommended app | and apparently intoxicated tification and recognize false or altered neck ID in accordance with roaches for refusing sales of selling alcohol to minors | d ID |
| | | raining (MAST) will satisfy this requirement. If any o provide their permit numbers. |
| At a minimum, each e | mployee must receive con | cluding how often trainings are provided: inuous training on an annual basis. You must keep g dates, names of employees, and a summary of the |
| 5. VIOLATION HISTO | DRY: List any public safety | violations received in the past two years. |
| I certify that all of the i | nformation provided in this | application is true and complete. |
| Print name and title | Signature | Date |

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